

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

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400000	•

		LIICOUV	CHOYCHID				40	<u> </u>	J 7 (<u> </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA TYP	L ENTITY	OR	OTHER SMALL	
FC)R	NUMBE	ER FILED	NUMBER	EXTRA	RAT	E FEE		RATE	FEE
ВА	SIC FEE						380.00	OR		760.00
TC	TAL CLAIMS	14	/ C minus 20- t			X\$ 9		OR	X\$18=	78X
INC	EPENDENT CL	AIMS 1 \) \ minus 3 = * 8			X39	= -	OR	X78=	1 281
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT			+130	=	OR	+260=	-12-7
* If the difference in column 1 is less than zero, enter "0" in					column 2	TOTA	_	OR	TOTAL	268
	CI	LAIMS AS A	(O-1, 0)		LL ENTITY	OR	OTHER SMALL	THAN		
	Roy Color Color	(Column 1) CLAIMS	15.00	(Column 2) HIGHEST	(Column 3)			7	r	
ENTA		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9	=	OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39	=	OR	X78=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130	=	OR	+260=	
							TAL	4	TOTAL	
				ADDIT. F		OR	ADDIT. FEE			
		(Column 1)								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9	=	OR	X\$18=	
AME	Independent	*	Minus	***	=	X39:	=	OR	X78=	
	FIRST PRESE	NIATION OF M	ULTIPLE DEF	PENDENT ÇLAIM		+130	=	OR	+260=	
							ΓAL	OR	TOTAL	
					ADDIT. F	EE		ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9		OR	X\$18=	
	Independent	*	Minus	***	=	X39		1	X78=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	·		- · · · · · · · · · · · · · · · · · · 	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+260= TOTAL	<u> </u>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE OR ADDIT. FEE									L	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

Total Fee Calculation

			Cuicuia	HOL	1			
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee		Total
· •	Sm./Lg.				Sm. Entity	Lg. Entiry	,	
Basic Filing Fee	201/101							2/1
Total Claims >20	203/103	1618 -20=	128	Х		18		1920 1924
Independent Claims >3	202/102	11 -3=		x		28	-	
Mult. Dep Claim Present	204/104						_	000 (
Surcharge	205/105	•					• .	
English Translation	_139					<u> </u>	= (<u></u>
TOTAL FEE CALCULA	TION							5818
Fees due upon filing t	ne application:							
Total Filing Fees Due	= <u>\$</u>	5818. CC		-			eg (
Less Filing Fees Subm	iπed -\$						1	
BALANCE DUE					-	(» e	•	j

FORM OIPE-RAM-01 (Rev. 12/97)

Office of Initial Patent Examination

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